

EMPLOYMENT COMPLAINANT INFORMATION SHEET

Department of Human Rights PLEASE PRINT LEGIBLY							Today's Date:				
1. PERSONAL INFO	ORMATION:										
NAME:					ADDRESS:				APT#:		APT #:
CITY:					STATE:	ZIP	P: PHONE #:				
E-MAIL:					ALT. PHONE #:			ALT. PHONE#:			
2. PERSONAL DAT	A: Diagon	rovido th	o followir	ag informa	ation for static	etical	nurnococ or	alve			
DATE OF BIRTH:	A. Flease pl	SEX:	e ioliowii	ig illioithia	מנוטוז וטו אנמנוג	sucai	purposes or	ııy.			
	V IN THE LIC	L DEI OM	/ OE NAT	ONAL OR		COTO	V \\/\T⊔ \\/\⊔		I MOST STDOM		DENITIEV:
Greece = B	CHECK THE CATEGORY IN THE LIST BELOW OF NATIONAL C				India = N				Ireland = I	IGLT II	JENTIFT.
Italy = Y	Japan = J				Korea = A				Liberia = R		
Mexico = M	Middle East = L				Pakistan = K				Philippines = S		
Poland = O	Puerto Rico = P			U.S.A. = U				Vietnam = V			
Other African/	Other				Other				Other		
Non Arab = F		st Asia =	W		Eastern	Euro	pe = E		Hispanic = H		
Other = Z	Spe	cify:									
3. ALTERNATE CO											
if you do not provi						10111 y	your maining	addiooc	s. Tour charge	Could	i be distribute
NAME:					ADDRESS:						APT #:
CITY:					STATE:	ZIP).		PHONE #:		
NAME:					ADDRESS:						APT #:
CITY:					STATE:	ZIP):		PHONE #:		
4. RESPONDENT I	NFORMATIO	N: Write	e out the	full legal r	name of the E	Emplo	oyer, Union,	Employ	ment Agency,	Temp	orary Agency
(i.e. the Responde	ent), that you	believe d	discrimina	ated agair	nst you in Illin	ois.					
NAME:					ADDRESS:						
CITY:			STATE:	ZIP:		CO	OUNTY:		PHONE#:		
DOES THE RESPONDENT HAVE A TOTAL OF YES 15 OR MORE PEOPLE WORKING IN THE NO					DOES THE RESPONDENT HAVE A TOTAL OF YES 15 OR MORE PEOPLE WORKING IN THE NO						
STATE OF ILLINOIS?	ORKING IN 11	ΠE	NO		UNITED ST			NING IN	ITE IN	U	
5. IF YOU HAVE BE	EN EMDI O	VED BV	TUE DE	SDONDE				I I OWI	NG:		
JOB TITLE:	LEIN EIVIPLO	IED DI	THE KE	SPUNDE	NI, PLEASE	FILL	IN THE FO		TE HIRED:		
DEPARTMENT: SUPERVISOR:				OR:				/ERE YOU ON YES			
PRESENT OR LAST SALARY: SELECT HOURLY			DLV					PROBATION? NO			
			RLY ONTHLY			MONTHLY	WEEKLY HLY ANNUALLY				
		ONE.	DI-IVI	JNITET			MONTHLT		ANNUALL	<u>. I</u>	
OFFICE USE ONLY CONTROL NUMBER:						INVESTIGATOR INITIALS:					

CIS-E Rev 1/31/12

EMPLOYMENT COMPLAINANT INFORMATION SHEET

	EMPLOYMENT HARM AND BA PLOYMENT ACTION TAKEN AGAINST YOU		S BEING REQUES	TED TO INV	ESTIGATE:		
BASIS: Note: See Page 3 for the Bases I		DATE OF ACTION:					
REASON GIVEN BY RESPONDENT FOR							
NAME OF THE PERSON WHO GAVE YO		JOB TITLE:					
NAME AN EMPLOYEE WHO WAS TREA	TED MORE FAVORABLY THAN YOU IN A S	IMILAR OR COMPARA	L BLE SITUATION:				
B. SECOND ISSUE OF HARM OR E	EMPLOYMENT ACTION TAKEN AGAINST YO	OU BY RESPONDENT	(if applicable):				
BASIS: Note: See Page 3 for the Bases IDHR	can investigate.		DATE OF ACTION:				
REASON GIVEN BY RESPONDENT FOR	R THE ACTION TAKEN AGAINST YOU:						
NAME OF THE PERSON WHO GAVE YO	DU THIS INFORMATION:		JOB TITLE:				
NAME AN EMPLOYEE WHO WAS TREA	TED MORE FAVORABLY THAN YOU IN A S	IMILAR OR COMPARA	L BLE SITUATION:				
7. WITNESS INFORMATION	ON:						
NAME:	PHONE:	NAME:		PHONE:			
ADDRESS:		ADDRESS:					
CITY/STATE/ZIP		CITY/STATE/ZIP					
8. SPECIAL BASES:							
A. If you claimed <u>SEXUAL</u> NAME OF THE HARASSER:	<u> HARASSMENT</u> as a basis:	LIOD TITLE OF	THE HADAGOED				
NAME OF THE HARASSER:		JOB TITLE OF THE HARASSER:					
DO YOU WANT THE SEXUAL HASEPARATELY AS AN ADDITION	IF YES, GIVE THE PHONE NUMBER OF THAT PERSON:						
IF YES, GIVE THE ADDRESS OF THAT F		CITY:		STATE:	ZIP:		
B. If you claimed PHYSIC STATE YOUR MEDICALLY DIAGNOSED	AL OR MENTAL DISABILITY as	a basis:					
	. ,						
EXPLAIN HOW THE RESPONDENT BEC	CAME AWARE OF EACH DISABILITY:						
C. If you claimed RETALIA	ATION as a basis: JL DISCRIMINATION: (i.e., testified at a discrimin	antion bearing filed a prior	dia animinadian alaim an associat	and about unloveful	dia aziminatian\ Induda datas		
charge numbers, and/or the name or title of the p	person to whom you complained	nation nearing, filed a prior of	discrimination claim, of complain	led about unlawful (discrimination). Include dates,		
9. HAVE YOU FILED A PR	REVIOUS CHARGE AGAINST TH	HIS EMPLOYER	WITH IDHR?				
NO CHARGE NOW	DEI (.						

You are required to sign on the bottom of page 3 of this form before submitting it to IDHR.

EMPLOYMENT COMPLAINANT INFORMATION SHEET

IDHR Notice of Accessibility: IDHR's programs are accessible to persons with disabilities in compliance with the ADA and S ec. 504 of the Rehabilitation Act of 1973. A person with a disability needing an accommodation to participate in IDHR programs should contact Susan Allen, the ADA Coordinator, at 217-785-5119, 217-785-5106 (fax), 866-740-3953 (TTY) or e-mail susan.allen@illinois.gov.

Instructions: Read this entire form and all the instructions carefully before completing. All questions should be answered. This form must be postmarked or received by the IDHR within 180 days of the date of the alleged discrimination. The IDHR must establish if it has the right under the law to investigate your employment claim. If the IDHR accepts your claim of employment discrimination, information will be typed on an of ficial charge form. The charge form must be signed, notarized and returned to the IDHR in a timely manner. The form should be signed and dated below. Use additional sheets if necessary. THIS IS NOT A CHARGE. If IDHR accepts your claim, we will send you a charge form for signature.

Protected classes: The IDHR can investigate charges of employment discrimination filed against private employers, state or local government, unions and employment agencies. Individuals can also be charged in some cases. The employer charged with discrimination must have at least 15 employees in the state of Illinois in order for the IDHR to investigate, unless the charge alleges sexual harassment, retaliation or physical or mental disability discrimination, or unless the employer is a public contractor. (A public contractor is an employer who does business with the state or a unit of local government.)

The IDHR can only investigate charges alleging the following Bases of discrimination: Age (40 and over), Physical or Mental Disability (unrelated to ability to do the job), Arrest Record (or criminal history record ordered expunged, sealed or impounded), Retaliation (complained about unlawful discrimination, filed a prior discrimination claim, or testify at a discrimination hearing), Coercion/Aiding and Abetting (helping or forcing a person to commit unlawful discrimination based upon any of the categories listed), Race, Unfavorable Military Discharge, Marital Status, Color, Ancestry, Military Status, Religion, Citizenship Status, National Origin, Sex, Sexual Orientation, or Order of Protection Status. The IDHR cannot investigate: unfair employment actions such as: political affiliations, personality conflicts, etc., unless such actions are alleged to be for one or more of the bases (Types of Discrimination) listed above; unfair union practices unless such claims involve one or more of the types of discrimination listed above; charges against the federal government (such a charge can only be filed with the EEOC office of the agency alleged to have discriminated).

NOTICE TO COMPLAINANT ON RELEASE OF IDENTITY AND PERSONAL INFORMATION The Illinois Human Rights Act ("Act"), 775 ILCS 5/1-101 *et seq.*, and Section 2520.330 of the Department's Rules and Regulations, 56 III. Admin. Code, Ch. II, Section 2520.330, require a charge to contain certain information in such detail as to substantially apprise the parties of the time, place, and facts with respect to the alleged civil rights violation. Pursuant to the Department's Rules and Regulations (2 III. Admin Code, Ch. X, Section 926.210), anyone who submits information to the Illinois Department of Human Rights ("IDHR") in connection with a discrimination charge should take notice and be aware of the following:

- (a) All contents and files maintained by IDHR pertaining to charges shall be confidential and not subject to public disclosure. Relevant exceptions are: 1) the parties to a charge may inspect the file at any time subsequent to the written notification of substantial evidence, notice of default, or notice of dismissal, administrative closure, or approval of terms of settlement by the Human Rights Commission ("Commission"); 2) after the filing of a Complaint with the Commission or the institution of judicial proceedings involving a charge, the Director may release information pertaining to the charge if such information is requested of IDHR or if the Director finds such information newsworthy, useful in education or training, relevant to an issue before the General Assembly, or similarly appropriate for disclosure.
- (b) Authorized personnel within IDHR analyze information that IDHR collects. This information may include personal information. IDHR staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the charge, or to discover new facts which will help IDHR to determine whether the law has been violated. IDHR may need to disclose to Respondent correspondence, that IDHR receives from Complainant or other sources.
- (c) IDHR may release the identity and personal information of the parties pursuant to a Freedom of Information Act ("FOIA") request, a subpoena or a court order, and information submitted to or obtained by IDHR may also be revealed to persons outside of IDHR to enforce a Commission Order or a settlement agreement. In addition, if a Request for Review is filed, the Chief Legal Counsel's decision is published in the Department's website, which is available to the public.
- (d) No person is required to file a charge with IDHR and reveal personal information to IDHR; however, if a person files a charge and IDHR cannot obtain the information needed to fully investigate the allegations in the charge, IDHR may close the case.

CONSENT AGREEMENT AND RELEASE

I have read the above "Notice to Complainant" and I understand that: 1) IDHR will also file my charge of discrimination with EEOC, and I authorize EEOC to look into the discrimination alleged above if it has jurisdiction; 2) In the course of investigating my charge, IDHR will reveal my identity (including my name) and my personal information to named Respondent(s) in my charge to obtain facts and evidence regarding my charge; 3) I do not have to reveal my personal information to IDHR, but IDHR may close my charge if I refuse to reveal information needed to fully investigate my charge; 4) IDHR may be required by law, subpoena, court order, and/or FOIA request to disclose my charge and information in the Department's investigation file concerning my charge to persons outside of IDHR; 5) If I file a Request for Review, IDHR will publish the Chief Legal Counsel's decision in the IDHR's website, which decision will contain my name and may contain my personal information.

If IDHR takes a charge based on the information provided, I consent for IDHR to disclose my identity and personal information as necessary to process and investigate my charge, and I release IDHR from any liability whatsoever concerning disclosure of my identity and any personal information I provided to IDHR or IDHR obtained in processing my charge.

My signature below verif	ies the accuracy of the information	provided herein and my consent and release	e as indicated above.
Name (printed):	Signature: _	Date:	
Note: If there is certain p	ersonal information you would like	withheld, please discuss your concerns with	h an intake supervisor.

CIS-E Rev 1/31/12 3

DHR Notices to Parties

Interpreters

The Department provides sign language interpreters upon request. For language other than English, it is the responsibility of the non-English speaking party to secure an interpreter if one is needed. The interpreter must be 18 years of age or older and able to communicate effectively in both languages.

The Cooper v. Salazar injunction

The Illinois Department of Human Rights ("Department") is under a federal-court injunction that, among other things, orders the Department:

"to cease permanently from relying on credibility determinations made without affording the rights of confrontation and cross-examination".

See, Cooper v. Salazar, #98 C 2930, U.S. District Court for the Northern District of Illinois, Order dated

November 1, 2001, at p. 26, ¶1.

Meaning of the Cooper Injunction

The Department cannot assess the credibility of Complainant's testimony, the testimony of Complainant's witnesses or the testimony of Respondent's representatives or the witnesses of Respondent where there is conflicting testimony. In other words, if the determination of substantial evidence turns on issues of credibility, the Department should make a finding of substantial evidence so that a trier of fact may resolve those issues of credibility. This means that if a determination of lack of substantial evidence requires the Department to make a finding of fact as to conflicting evidence, the Department will make a finding of substantial evidence so that credibility may be resolved by the Human Rights Commission at a Public Hearing or in circuit court.

The Illinois Human Rights Act defines "substantial evidence" as:

"evidence which a reasonable mind accepts as sufficient to support a particular conclusion and which consists of more than a mere scintilla but may be somewhat less than a preponderance". Illinois Human Rights Act §7A-102(D)(2), codified at 775 ILCS 5/7A-102(D)(2).

The Meaning of Credibility

The Illinois Department of Human Rights is an investigatory agency. The Department's purpose is to gather all of the evidence from each of the parties as to whether Respondent may or may not have discriminated against the Complainant within the meaning of the Illinois Human Rights Act. The Department's purpose is to review all of the evidence and make a determination based upon the law as to whether there is sufficient evidence of discrimination to file a complaint against the Respondent with the Illinois Human Rights Commission. The Department will not make a finding that evidence submitted by a party is either believable or not believable. Thus, the Department will not base its findings on the fact that one of the parties is not telling the truth or that one party's evidence is not believable. If the resolution of the charge of discrimination requires believing the evidence of one party over another party, the Department will make a finding of Substantial Evidence and refer the matter to the Illinois Human Rights Commission so that a trier of fact may resolve the case.

Conflicting evidence exists when there are:

1. Statements of a person with material first hand knowledge contradicted by statements of a different person with material first hand knowledge.

4

- 2. Business records contradicted by oral statements of a person with material first hand knowledge.
- 3. Business records of one person contradicted by business records of another person.

CIS-E Rev 1/31/12